Building a needle exchange in the desert

COMMUNITY, LEGAL, AND OPERATIONAL ASPECTS OF THE ORANGE COUNTY NEEDLE EXCHANGE PROGRAM (OCNEP)

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California syringe exchange law

• Since 1999, legal under county declaration “state of emergency”
• Since 2005, legal in any county

However, few programs opened in high need areas, so:
• Since 2011, state public health able to authorize programs

What if this didn’t work?
• Physician oversight loophole
Orange County

- 6th largest in the United States: > 3.2 million people
- Adjacent to Riverside, 10th largest: > 2.3 million
- Yet no harm reduction services available until we opened in 2016
Our program

• First NEP authorized by the California Department of Public Health
• All volunteer, mobile program
• 8 months open
• 5,057 client visits
• 291,118 syringes collected
• 371,035 syringes distributed
• 315 naloxone saves

So why did it take so long?
What the CDPH requires

• Demonstrate that there is need for services in your area

• Demonstrate an ability to provide or refer to:
  • drug abuse treatment services
  • HIV/HCV screening
  • HAV and HBV vaccination
  • STD screening
  • housing services for homeless people and victims of domestic violence
  • distribution of condoms
  • risk reduction education
What the CDPH requires (continued)

• Provide a:
  • syringe dispensing plan
  • syringe collection and disposal plan
  • service delivery plan
  • data collection and program evaluation plan
  • community relations plan
  • budget and evidence of funding

Our initial application: 47 pages, over 44 references
CDPH application process

- After submission, 1 month of business days to determine “provisional appropriateness”
- If appropriate, CDPH notifies:
  - Chief of Police
  - Public Health Officer
  - Head of neighborhood association
- Then, 3 months of public comment
- Then, 1 month of business days until determination
- All told, 6 - 7 months from when application is submitted
Takeaways

• The CDPH has been essential for our success
• The CDPH was also an enormous barrier
• CDPH certification will not allow you to escape politics
• You will have to do extensive political organizing
• You will not be able to avoid bureaucracy
Recommendations

• For applicants:
  • Keep your activist orientation
  • Please feel welcome to contact us for support
  • Strongly consider physician oversight as an option (at least in the meantime)

• For the CDPH:
  • Thank you for authorizing us 😊
  • Please make this easier for activist organizations
  • Play an active facilitation role – you have so much more power than you think
Recommendations (continued)

• For everyone else:
  • Syringe access is not solved in California
  • Continued advocacy is utterly essential
  • When drafting similar legislation, be aware that well meaning rules can create almost insurmountable barriers
  • But if done right, can facilitate program development in otherwise inaccessible areas
Student run – benefits

• Legitimacy - connection to academics, research, grant opportunities
• Free time
• Volunteers tend to be motivated, care about the project for the right reasons
• Access to:
  • HUGE volunteer pool
  • student-earmarked or research-earmarked money
  • knowledge base of people who know about grants, research
  • specialists (in our case, CED legal team)
Student run – disadvantages

- High turnover in leadership
- Often multiple "point people" for tasks rather than one point person
- Most people are not experienced in harm reduction
- Most people are not IDUs or may not know IDUs so need to build legitimacy with IDUs
  - methods: be yourself, be honest, be there
  - involve them as much as possible: we're still working on this
  - use your privilege in their interest
Research

• Use research ONLY to advance people's interests - huge exploitation risk, do not do that
  • Turn down requests if they don’t!
• Facilitates project development: able to "pilot" things
• Allows you to obtain expensive things for free (e.g. naloxone, bus pass incentives)
• People want your data all the time and having it can facilitate program implementation
Research – examples

• Needle pickup: demonstrating that our population is invested in the safety of people who don't live there or use drugs; replicating that NEPs (hopefully) don't increase syringe waste

• Naloxone: enabled us to get free drugs, may help in finding an MD to sign standing order

• Naloxone in ED: research facilitated program initiation

• Pregnancy and drug use: trying to develop methods to prevent abuse

• Contraception needs: enables funding to buy tampons, birth control, staff to administer LARCs, etc.